



_____ OT 94
_____ OTA 95

**TENNESSEE BOARD OF OCCUPATIONAL THERAPY
LIMITED PERMIT REQUEST**

Tennessee only issues one permit to those individuals who are scheduled to take the examination **for the first time. If you have previously failed the examination once in any state, you are not eligible for a limited permit in Tennessee.** Complete this form only if you are **eligible** to sit the next scheduled NBCOT exam and requesting a limited permit to work in Tennessee.

TO BE COMPLETED BY APPLICANT

PLEASE PRINT IN INK

I, _____, an applicant for licensure by
(Applicant's Name)
examination, do hereby request a permit for use until receipt of my examination results. The Tennessee Occupational Therapist
who will be providing my supervision is, _____
(Supervisor's Name)
certificate number _____.
(Certificate #)

The name and address of the facility where the permit will be used is:

Facility Name: _____
Street Address: _____
City, State, Zip: _____
Facility Phone Number: () -

LIMITED PERMIT AFFIDAVIT OF SUPERVISOR

PLEASE PRINT IN INK (To be completed by supervisor in the presence of a notary public.)

I, _____ will have the responsibility for direct supervision
(Supervisor's Name)
of the occupational therapy services delivered by the above-named applicant, who has applied for licensure as an **(circle one)**
occupational therapist/occupational therapy assistant in Tennessee, during the tenure of his/her limited permit.

TN Certificate #

Supervisor's Facility Address: _____

Phone #: () -

Subscribed and sworn before me this _____ day of _____, _____.

My Commission Expires _____

Notary Public and Notary Seal